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OBSERVATIONS

WAR ON DRUGS

Reasons for drug policy reform: millions of people are left with untreated pain

Because of policies to prevent illicit drug use, patients in most of the world lack palliative care and suffer severe untreated pain, writes **Katherine Pettus**

Katherine Pettus *advocacy officer*

International Association for Hospice and Palliative Care, Houston, TX 77007, USA

More than five billion people—80% of the world's population—live in countries where there is little or no access to opioid medicines such as morphine to treat moderate to severe pain.[1] The World Health Organization's list of essential medicines includes opioid analgesics,[2] which also fall within the scope of the 1961 UN Single Convention on Narcotic Drugs, a treaty enacted to control the global supply of substances with potential for non-medical use.[3]

The independent quasijudicial International Narcotics Control Board monitors treaty compliance by approving national annual estimates of demand for controlled medicines.[1] However, many countries submit inadequate estimates to meet clinical need, a situation the board is remedying through national and regional workshops.[1]

Training is a priority because generations of doctors, pharmacists, and nurses have qualified with little knowledge of the indispensable role of controlled medicines in managing pain, especially in the relatively new disciplines of palliative care and treatment for substance use disorder.[1]

This knowledge gap, together with the historical stigma of "fear of addiction" to opioids and unduly restrictive regulations, leaves patients with severe untreated pain.

Absence of scientific evidence

After the second world war, before the advent of modern palliative care and harm reduction treatment for people with dependence syndrome, United Nations member states enacted three treaties to eliminate trafficking in controlled substances and regulate the availability of medicines containing those substances.[3] Because the substances' potential for harm relative to their medical benefit was assessed in the absence of scientific evidence some, such as cannabis, were inappropriately categorised.

Until recently, the UN Commission on Narcotic Drugs required governments to use their regulatory and criminal justice policies to produce what it called in 1998 a "drug-free world."[4] An ineradicable tension in this policy is that one of the cornerstones of the 1961 convention is to ensure the availability of the "drugs required for medical and scientific purposes."[3] This is but one reason to favour the more neutral term "controlled medicines" for these substances.

Data showing the huge gaps between countries in availability of opioids for legitimate use helped UN member states to recognise that it is often easier to find a substance such as heroin on the street than morphine in a clinic. Under pressure from citizens and with help from international organisations, governments are reconfiguring policies to prioritise public health and human rights.[5-7]

Progress is reflected in the outcome document of a recent UN General Assembly special session on the world drug problem. This contained an unprecedented chapter on improving access to controlled medicines and explicitly directing countries to increase availability.[8]

Stigmatising language and practices

Improving access to controlled medicines in countries with low use requires policy makers to scrutinise regulations for unduly restrictive or stigmatising language and practices. Colombia, Argentina, Mexico, Romania, Ukraine, Uganda, Kenya, Portugal, Vietnam, and India, among others, have begun this process.[9 10] The UN meeting also directed countries to align their drug policies with the sustainable development goals, which have the slogan, "Leave no one behind."[11] The third goal: "Ensure healthy lives and promote wellbeing for all at all ages," with its associated targets, "Provide access to affordable essential medicines," and "Achieve universal health coverage," entails integrating palliative care into public health systems and improving access to essential medicines such as morphine. Meeting both these targets will "reduce inequality in and

kpettus@iahpc.com

between countries" (goal 10) and eventually close the "pain divide."[12]

In 2012 the European Society for Medical Oncology described a "pandemic of untreated cancer pain" as a global health scandal.[13] Four years later, a narrative to improve availability of medicines to treat pain has gained traction and precision globally, but the changes on the ground in some countries are too little and too slow. Availability of controlled medicines must be commensurate with clinical need, with safe distribution and dispensing systems, to overcome the scandalously low consumption levels that for too long have been distorted by the "war on drugs."

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